pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

42390P11041

CLAIMS AS FILED - PART									SMALL ENTITY		OTHER THAN	
TO	TAL CLAIMS		(Column 1)		(Column 2)		TYPE		OR	SMALL		
			19				}	RATE	FEE		RATE	FEE
FOR NUMBER FIL					NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS (C				9 minus 20= *		*		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	ℳ minus 3 =		1			X40=	-	OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter						olumn 2	· [TOTAL		OR	TOTAL	790
	C	LAIMS AS A	MENDED	- PAR	TII						OTHER	l l
		(Column 1)	(Colui		(Column 3)	; 71 ra	SWALL E		OR	SMALL		
AMENDMENT A	•	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u></u>	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AINA	= .		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							Į.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			40011. FEE (<u></u>	ע	A0011.1 LL						
AWENDWENT B		REMAINING NUM AFTER PREV		HIGH NUM PREVI	mn 2) HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
NA	Independent	*	Minus	***		=		X40=		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z O S	Total	*	Minus	**	. –	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	╽	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		┧┟	+135=				
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		nber Previously Pa					er fou	ind in the app	ropriate box	c in co	lumn 1.	